

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90061 008 ***150.00

DOCUMENT # P94000048909

1. Entity Name

RONCO SALES, INC.



Principal Place of Business

1499 SW 30TH AVE.
SUITE 2
BOYNTON BCH FL 33426
US

Mailing Address

1499 SW 30TH AVE.
SUITE 2
BOYNTON BCH FL 33426
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0504502

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, RONALD C.
7844 C LEXINGTON CLUB BLVD.
BOYNTON BCH. FL 33446

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and filed applicable form. (NOTE: Registered agent signature required when applicable.)

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBSON, RONALD C	
STREET ADDRESS	7844 C LEXINGTON CLUB BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JACOBSON, CONSTANCE D	
STREET ADDRESS	7844C LEXINGTON CLUB BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald C. Jacobson* **RONALD C. JACOBSON**

3-29-05

561-737-7604

Date

Daytime Phone #